

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/15/03.

## **I. DISPUTE**

Whether there should be reimbursement for work hardening from 2/11/03 through 2/13/03 denied on the basis of extent of injury and F – fee guideline.

## **II. RATIONALE**

Rule 124.3(c) Texas Labor Code, §409.021 and subsection (a) of this section do not apply to disputes of extent of injury. If a carrier receives a medical bill that involves treatment(s) or service(s) that the carrier believes is not related to the compensable injury, the carrier shall file a notice of dispute of extent of injury (notice of dispute). The notice of dispute shall be filed in accordance with §124.2 of this title and be filed not later than the earlier of:

- (1) the date the carrier denied the medical bill; or
- (2) the due date for the carrier to pay or deny the medical bill as provided in Chapter 133 of this title.

The disputed services were denied on the basis of extent of injury and per fee guidelines. Per the requestor, the services were also denied on the basis of medical necessity based upon a peer review, however, no EOB was submitted indicating medical necessity as the reason for denial.

There is no indication in Commission records that a TWCC-21 was filed disputing extent of injury, therefore, this denial was not properly made.

Regarding the medical fee guideline denial, the MFG allows reimbursement for the disputed Services. Per Rule 134.600, preauthorization was not necessary. The medical documentation submitted by the requestor supports delivery of service as billed. Reimbursement is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for work hardening – 97545-WH and 97546-WH in the amount of **\$1,408.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,408.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 10<sup>th</sup> day of March 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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